

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Balico's	CHAPTER 100.1
Address: 91-1204 Kauiki Street, Ewa Beach, Hawaii 96706	Inspection Date: September 3, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1- no record of weight for August 2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-83 <u>Personnel and staffing requirements</u>, (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1 and SCG #2 completed seven hours (7) of the required twelve (12) hours of annual continuing education hours. <u>Please complete an additional 5 hours of continuing education and submit verification with your plan of correction to be counted towards your 2019 annual inspection.</u></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>- please see attached document -</i></p>	

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CORRECTIONS:

11-100.1-17

PART 2 – To ensure that weights of each resident will not be missed, the following protocol shall be implemented:

- 1) Maintain a Log to record the weights of each resident with frequency as per MD's order (please see attached example for monthly recording),
- 2) Actual weights will be obtained during MD or other health provider visits and recorded,
- 3) On months without a provider visit, weights will be obtained using a home scale if applicable, or in special circumstance like Resident #1, by measuring the mid-arm circumference (MAC) as per MD's order and recorded appropriately, and
- 4) Regularly check the completeness of the Log, monthly or sooner depending on the required frequency per MD's order.

11-100.1-83

PART 1 – Attached are certificates issued to PCG, SCG#1 and SCG#2 for successfully completing (5) additional hours of continuing education courses on subjects pertinent to the management of an E-ARCH and care of E-ARCH residents to satisfy the 12 hours CE required by the state.

PART 2 – To ensure that this will not happen again, the following measures shall be implemented:

- 1) Create a Log to track the number of hours each caregiver has completed (please see attached).
- 2) Record the number of hours for each caregiver immediately after completing a course, and
- 3) Place the Log in an area where each caregiver can keep an eye on their progress towards completing the required number of hours.

litawice
12/12/19

Licensee's/Administrator's Signature: Leticia

Print Name: LETICIA C. BALICO

Date: 9/13/19

Licensee's/Administrator's Signature: Leticia

Print Name: LETICIA BALICO

Date: 9/13/19 to 12/12/19